Title: Paradoxes of Black Suicide
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Publication: Preventing Suicide - The National Journal
Publication Date: 01/01/2003

Since the mid-1990\’s, there has been a conscious effort on the part of many in this country to improve the science and practice of suicide prevention and intervention. Thanks to the Surgeon General s 1999 Call to Action, there is an emerging national awareness coupled with increased scientific inquiry. This was reinforced last fall with the publication of Reducing Suicide: A National Imperative, an important new report from the National Institute of Medicine. Nevertheless, much remains to be done.

We feel there needs to be more study of suicide in the African-American community, scientific inquiry that will seek to explain the many paradoxes and inconsistencies in the current literature. This article will present the reader with some of the often mystifying data on suicide in this segment of the American population and try to highlight some of the contradictions we feel experts in suicidology and public health must study.

Before 1965, the suicide rate among blacks was one quarter that of whites. After 1970, suicide rates among blacks had escalated to half that of whites. In the 38 years since 1965, the suicide rate for black Americans has peaked twice, once in the late 1960 s and again in the late 1980 s. At the same time, suicide rates for African-American women have consistently hovered at a rate of two per 100,000 population (Griffith & Bell, 1989).

From 1980 to 1995, the suicide rate for black youths between the ages of 10 and 19 increased 114 percent, from 2.1 to 4.5 percent per 100,000 population. The suicide rate increased the most for black males between the ages of 10 and 14 years of age. It was 233 percent for blacks and 120 percent for whites. For blacks aged 15 to 19, the rate increased 128 percent. It went up only 19 percent for whites (MMWR, 1998).

By 1998, however, the number of suicides in the black male population, aged 15 to 24, had dropped and the number of black men who took their own lives returned to what it had been in the early 1980 s. In 1994, the suicide level for black youths aged 15 to 24 was 21 per 100,000 population (IOM, 2002).

The First Inconsistency

The first contradiction we wish to note has to do with the suicide rate of African-American women. Despite the fact that black women are often at a disadvantage in our society (e.g. discrimination, poverty and exposure to violence), they currently have the lowest suicide rates in the United States. Because of their disadvantaged status, African-American women s infrequent use of suicide as a solution to their problems puzzles many social scientists

(Gibbs, 1997). (See table below.)

The Second Inconsistency

The current literature shows that African-American women are just as likely to attempt suicide as European-American women but less likely to complete it.

We propose here that black women generally experience lower rates of hopelessness than their white counterparts and when they do attempt to end their lives, it is most often in response to hurt, anger, frustration or stress. We believe black women s hopefulness originates from having biologic (intellectual ability, personality traits and toughness) and psychological (intra-psychic) attributes adaptive mechanisms such as ego resiliency, motivation, humor, hardiness and perceptions of self; emotional attributes emotional well-being, life satisfaction, optimism, happiness, trust, dispositional optimism, dispositional hope; cognitive attributes cognitive styles, causal attribution such as an internal locus of control and blame, world view or philosophy of life, and wisdom; spiritual attributes, and attributes of posttraumatic growth, social (interpersonal skills, interpersonal relationships, connectedness and social support) and environmental (such as positive life events and socioeconomic status) systems in place that cultivate their resistance and also buffer them from a loss of hope.

We believe these systems consist of protective factors that work to safeguard them, such as an inner sense of music that is typified by gospel and blues, the natural toughening process African-American women are forced to endure, the development and maintenance of support networks and the belief that suicide is a white thing.

We attribute a great deal of black women s overall sense of hopefulness to the naturally occurring African American strategies and coping mechanisms mentioned, and feel they need to be studied in light of the consistent and remarkably low rates of suicide in this part of the population (two women die by suicide per 100,000 population).

The Third Inconsistency

The third issue has to do with the increase in suicides between 1993 and 1994 in the black male population between the ages of 15 and 24. (See table on page 4.) The increase reflected there prompted the United States to declare suicide an epidemic among young black males. Remarkably, that table shows also that by 1998 the young black male suicide epidemic had vanished. The reason for the 25 percent decrease in the youthful African-American male suicide rate has never been explained.

The Fourth Inconsistency

The fourth concern involves the low suicide rate of incarcerated black males. There are many more black men

in correctional facilities than white. Nevertheless, white males are the most likely to end their lives in such places. Suicide rates for incarcerated men are approximately nine to fifteen times higher than for men on the outside and prison suicide rates are approximately one and a half times higher than in the general population. Similarly, youths in detention and correctional facilities are four times more likely to commit suicide than youths in the general population.

Confinement in these institutions clearly promotes higher rates of suicide. The dynamic, however, does not appear to affect black males as much as it does white. Research is needed to explain why African-Americans seem better able to cope with hurt, anger, frustration and depression in such places.

After both the Epidemiologic Catchment Area Study and the National Comorbidity Study took age differences, gender, marital status and socioeconomic status into consideration, the initial higher rates of mental disorders (a risk factor for suicide) in African-Americans clearly dropped. African-Americans have just as many, if not more, risk factors that might promote suicide. Until research ceases to be focused primarily on the European-American population, we will never know why it is they fare better.

In conclusion, our current ethnocentric monoculturalism (Sue & Sue, 1999) prevents us from learning the strategies and resistance skills employed by the different segments of the African-American community, strategies that might help other populations with preventing suicide.

Other Obscure Facts to be Explored

In addition to the four paradoxes of African-American suicide presented above, there are other issues to be examined.

A little-known, unreplicated study by Rothberg et al. (1987), which includes Department of Defense statistics from 1982 to 1984, reveals that the suicide rate for black military men between the ages of 45 and 55 was 18.7 per 100,000 population and that the suicide rate for whites in the same age group was 4.4. In this study, the suicide rates of middleaged African-American men were four times higher than those of whites an unusual finding that has never been studied or explained.

Herbert Hendin has observed that suicidal blacks come from homes where the father is abusive toward the mother. Why then, with African-American domestic violence homicide rates being higher than white rates, aren t African-American suicide rates higher?

David Clark (1993) also found a high rate of conduct disorders in adolescent suicide samples. This also poses a question: Given the frequency with which conduct disorder is diagnosed in black children, why are their suicide

rates not higher?

Also worthy of notation here is the fact that suicide victims are more likely to come from non-intact families. Since the offspring of most Department of Children and Family Services are children of color, why aren t the suicide rates higher?

Table 1
Suicide Rates in 2000

White Males	19.1 per 100,000 population
Black Males	9.8 per 100,000 population
White Females	4.5 per 100,000 population
Black Females	1.8 per 100,000 population

Table 2
Suicide Rate per 100,000 for Black and White Males aged 15-24

Year	Black	White
1989	16.63	22.48
1990	15.13	23.19
1991	16.43	23.08
1992	19.72	22.68
1993	20.00	23.07
1994	20.53	23.94
1995	17.94	23.34
1996	16.72	20.99
1997	16.00	16.64
1998	14.98	19.28

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